

OMR 2006 Training Series Registration Form

[One Form Per Event Required]

Please Print!

Name of Training Event: _____

Date: _____ Location _____

List any special accommodations needed: _____

Agency Name: _____

Agency Address: _____

Agency Phone Number: _____

E-mail Address for Agency Contact Person: _____

Please limit the number of registrants from one agency at a single training to **no more than five (5)**.

Attendees	Phone
Last name first	

Total # of registrants: _____ Total amount enclosed: \$ _____

Attach your check, made payable to: **TREASURER of Virginia**.